



LEE'S SUMMIT
MISSOURI

RECEIPT OF PAYMENT

Receipt Number:	2020053401
Receipt Date:	09/11/2020
Date Paid:	09/11/2020
Payment Method:	Check,
Check Number:	1172,
Full Amount:	\$52.50
Amount Tendered	\$52.50
Paid By:	A HEALTHY ALTERNATIVE/AMANDA POSTLEWAIT, Address:6600 W 149TH ST, Phone:(816) 797-5923

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC1100140727	\$50.00
9110052-Business License Penalty Fee	LC1100140727	\$2.50